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12

The Essential Character of Hysteria

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Our regrettable reliance upon the *ipse dixit* of a great name is again illustrated by the reorganization now occurring in our ideas on hysteria. The present trend of the clinical concept of hysteria has turned, under the guidance of Babinski, towards ideas which were placed in the background by the clinical picture of the "grande nevrose" drawn by Charcot. That is to say, the earlier conception of Bernheim has received its due, and most neurologists in France at least, have acceded to the proposition that a "hysterical symptom is one susceptible of production by suggestion and of removal by suggestion-persuasion." Bernheim, however, now considers the phenomenon of suggestibility to be normal, and the emotional attacks (*les crises de nerfs*) are for him the only hysteria.

In actual practice, in English speaking countries at least, the heresies of Charcot have had little influence, except perhaps among a few neurologists. The reason for this I shall not attempt to explain.

But let me recall an experiment which Joire conducted in the early nineties with a girl named Marie. During hypnosis, it was suggested that she see her name written upon a translucent card. She was then asked to trace the letters she saw, and did so thus "M-a-r-i-e." She was again hypnotised, and the experiment repeated, but at this time the surface of the card which she had seen was turned away from her against a window, so that any letter would appear reversed as they were seen through the card. She was again asked to trace what she saw and did so as follows—e-i-r-a-M. She must therefore have perceived that the

card had been reversed, for she acted in conformity with that idea, but she did not really *see* the letters; for had she done so, they would have appeared as when the name is seen in a mirror. This conclusively proves that she had only the *idea* of the reversed letters, which she tried to portray to the best of her ability. She had no sensation; it was not an hallucination. The ease with which she perceived that the card had been reversed indicates how cautious one should be in having recourse to metaphysical explanations of phenomena.

Bernheim, too, showed in 1886 that the amaurosis and dyschromotopsis in hypnotic states were not sensory defects but that they were indeed simulated, as he believed, unconsciously. Again, the credulity of some observers that cortical areas could be inhibited during hypnosis by striking the skull over them with a hammer should not have been possible in face of the critique of Jules Soury, who showed that the function under experiment went into abeyance in conformity with the observer's belief about cerebral localization. For instance, Rainaldi's patients lost the power of smell and taste during hypnosis when they were tapped over convolutions O1 and O2, while other observers produced this effect only when tapped over the uncus. Similar differences were evidenced in other areas, as Soury bitingly said "in conformity with the text-books read by the observers."

Such considerations should long ago have undermined the fantastical superstructure which hysteria became, but it was not until last year's discussion at the Paris Neurological Society that the real destruction of the earlier hypotheses can be said to have occurred. There it was unanimously decided "that among the phenomena usually included in hysteria, there is a special group of symptoms which can disappear under the influence solely of suggestion or persuasion; in particular, certain kinds of convulsive fits, paralyses, contractures, anaesthesia, hyperaesthesia; of modifications of the special senses and of

difficulties of speech; as well as certain respiratory, digestive, and other troubles." The genesis of these is fully discussed by the present writer in *International Clinics* of October, 1908. They are most easily induced in states of suggestibility exaggerated by organic disease, which diminishes critical power, the faculty of awareness, which does not concord with suggestion. It is very difficult for the observer to avoid suggesting that in which he believes. Hence, the constancy with which the stigmata were found; but Babinski has not during the last ten years seen anaesthesia in cases not previously examined medically. The medical manufacture of hemianaesthesia is illustrated by the case of traumatic neurosis, in which Dupinet saw another expert actually call forth a hemianaesthesia which had not been present before. This experiment is not too difficult to be repeated in almost any hospital ward. The nervous crises which formerly made of the Salpetriere a pandemonium no longer occur there, because the suggestion of their occurrence no longer obtains.

The finding of causative suggestions in other hysterical manifestations is entirely proportional to technical skill in the search.

It is pretty clear by now that suggestion has no influence over the tendon reflexes, the true cutaneous reflexes, the circulatory and trophic functions, the disorder of which may produce dermatographia, urticaria and their eruptions, ulcers, oedema, hemorrhage, or gangrene. Nor can the temperature, nor the secretions of urine, saliva, and sweat be influenced by suggestion, except in so far as they are called into action by emotion. Mobility of humour is a commonplace in hystericals; and this mobility is amenable to suggestion, hence it is theoretically possible to affect the secretions indirectly, by suggestion through the emotions. But positive facts in demonstration of this have not yet been convincingly adduced. In numerous cases hitherto presented, trickery cannot be excluded. Medico-legal literature teems with mythomaniac cases, such as that of the man who confessed to

concealing a syringe in the rectum, and in whom, in a moment of excitement, an evacuation revealed two. The number of those cases which "could not possible have had access to any means of provoking their symptoms" only indicated the looseness with which such negative evidence is accepted; as, for instance, in a case of alternating mydriasis which I observed in Babinski's clinic, for though the patient's father indignantly repudiated the mere statement thereof, it was found that his daughter had been placing in her eye drops of an atropine solution filched from her employer. Of course, mythomania, a type of moral degeneracy, or of lack of adaptation, a weakness which resorts to trickery, may be and generally is accompanied by the suggestibility; so that academically speaking, a deliberately produced lesion simulating spontaneous disease which the patient is trying to imitate may deserve the term hysteria; for, of course, imitation is one of the forms of suggestion. These considerations are applicable to many cases of so-called neurasthenia, very often to the traumatic neurosis and frequently to the false gastropathies. The false neurasthenic is a creature also wounded in *amour propre*, solaces himself by retirement from further wounds; he is a simulator, more or less unconscious, and is curable by a removal of his unreal belief. Similarly, a traumatic neurasthenic tenaciously clings to the false fixed idea which holds him in disaccord with the environment, until he achieves the solatium he craves. Sometimes, however, the old man of the sea takes so strong a hold that he cannot be cast off; like the widow, he has nursed his grief until it becomes stronger than he. The gastric neurotic, too, must be cured by the destruction of his erroneous fixed belief in his digestive incapacity. All of the foregoing false fixed ideas are hysterical, as they have arisen in suggestions, whether these originated directly from an injudicious physician, a too sympathetic friend, or indirectly from the gossip of neighbors or the store of the patient's memories. And all are curable by suggestion,

or better, by persuasion. The latter is constituted by the patient's awareness of the steps traversed; whereas in suggestion, he does not know how the newer idea has been implanted in his mind; for it is inculcated either by authoritative assertion or insinuated while his attention is distracted elsewhere; in either case, received without critical examination.

More careful investigation of the psychoneuroses has now shown that many of the annoying, harassing, indescribable sensations which make life a misery to certain people have nothing to do with hysteria. They are cenesthopathies, that is, disordered impressions from the organs not derived from without; they are somatopsychic affections. Common in the psychoses, they may be quite monosymptomatic, and even unaccompanied by hypochondriasis. They are in no sense hysterical.

Another important group of symptoms not derived from suggestion have been lately placed together by Janet under the title of psychasthenia. He has shown how unamenable to suggestion these are. The crises of agitation these patients often undergo have been labeled hysteria countless times. They are essentially different, as is the whole clinical picture. The main difference is:—

“Firstly, as to fixed ideas, their duration in hysteria tends to be long, for though they are easily buried and forgotten, they are resuscitated with great ease and infallibility; whereas in the psychasthenic the fixed ideas are very mobile, but keep recurring voluntarily and indeed become cherished parts of the individual, and are far more difficult to eradicate than those of the hysteric. Secondly, hysterical ideas are evoked by well defined and not numerous associations, ‘suggestions’; in the psychasthenic they are often evoked by apparently irrelevant associations, which are searched for by the patient; thus the (*points de repère*) are very numerous, cannot be predicted with certainty, and are often mere excuses for crises of rumination. Thirdly, the hysteric ideas tend to become kinetia, whereas

the psychasthenic's constant state of uncertainty causes him to oscillate between 'I would' and 'I would not.' Inhibition is too strong to allow an act, but not strong enough to dismiss the obsession."

As to the crises, those of hysteria cannot be distinguished from those of psychasthenia or epilepsy, except by the property of being produced and removed by suggestion; for the foregoing criteria demonstrate the invalidity of the distinctions formerly drawn by Janet and others with regard to loss of consciousness, amnesia automatism and power of arrest. Recently, Ernest Jones has insisted upon the need formerly expressed by Janet of studying the mentality between the crises in order to appreciate their significance; and this necessity remains true, although the disassociation hypothesis on which it is based is by no means beyond criticism. Walter Scott has recently attempted to rebut it in a case cured by suggestion without regard to the sejunction of hypothetical buried complexes; and although his case and argument do not convince, I believe that the synthesis only awaits the labors of men of ability and clinical experience equal to that of such men as Jung, Morton Prince, Sidis, etc.

The criterion of suggestibility makes necessary a revision of the conclusions of Hoche and Heilbronner on hystero-epilepsy. They believe that even fixed pupils and sphincter relaxation may occur in simple hysteria.

But it is now pretty clear that reflex iridoplegia indicates an organic disease, or at least, if temporary, a profound intoxication, which may produce also marked suggestibility which, however, is unrelated to the pupil fixation. But sphincter relaxation may occur during profound emotion, as in the terror-stricken dog reported by Fere, in which an agorophobia had been contracted from his mistress. The tendency to the loss of sphincter control during profound emotion is a commonplace; and the reinforcement of this by suggestion can very easily prevent the inhibition by which civilized people and domestic animals counter-

act the emotions which might lead to unpleasant effects. There is a partial loss of consciousness, an insanity if you will, during the first access of every emotion. Thus in the emotion accompanying blushing, timidity inhibits voluntary activities; during laughter, the voluntary control is much diminished; the state of consciousness during such emotions has been shown by Sir Arthur Mitchell to be analogous with that in dreams, during which auto-suggestions dominate the mind. That hetero-suggestions also are influential in sleep and dreams has been proved by the experiments of Morly-Vold and Vasonide and Vurpas. These observers, by stimulating the auditory, tactile and other senses, provoked dreams in accordance with the stimuli used; thus a string tied round the ankle caused the patient to dream that a wild animal was lacerating his foot, and so on. All these states are marked by lack of voluntary control, which connotes exalted suggestibility, that is to say, hysteria. This, then, is the relation between facile emotionalism and hysteria. Emotionalism is not hysteria, except in so far as it favors suggestibility. No one is a greater prey to emotionalism than the psychasthenic; but as Janet has shown, his suggestibility is much diminished; for though he suffers profoundly on account of his emotions, it is on account of their incompleteness and failure of fruition in act.

The principle is simple enough, but is much complicated by the fact that phobias, tics, and other psychasthenic symptoms may occur in hystericals by imitation (which of course is merely a form of suggestion) or as a consequence of organic states. I have now under observation a patient who is at the same time claustrophobic and agoraphobic on account of a single fainting attack during cardiac enfeeblement due to an attack of influenza. She is in one sense of the word a psychasthenic; it is phobia by suggestion. Phobias were cured by suggestion and therefore were probably of the hysterical type in the instructive case recently reported by Dr. Scott. The psycho-

analysis, not published in the report, is still more striking in this regard. An example of obsessions induced by suggestion and repeatedly cured thereby was related of a kleptomaniac by Bernard Leroy at the Congress of Geneva. Irresistible impulses derived from suggestion caused this woman in turn to fall violently in love with an officer whom she did not know; to passionately long for the death of her husband and indeed to make all the preparations for compassing his death, until culmination of her preparations so horrified her that she recoiled and was cured of that obsession at the moment; and finally the intense longing to steal, which she satisfied by robbing the counters of the department stores.

Hysterical tic can usually be cured rapidly. For examples I must refer to an article in the Jany. issue of *Surgery, Gynecology and Obstetrics*. The diagnosis of these pseudo-psychasthenics must be made by the absence of sentiment, to incompleteness with the various "manias" to which it leads, and by the uncritical irresistibility and absence of struggle of the obsessive ideal and impulsive acts of the false psychasthenic.

The comprehensibility of hysteria, and the simplification of the treatment made possible by the foregoing facts, adds enormously to the precision, and hence the power of the therapist; and will remove from our profession the hitherto deserved stigma of inattention to, and ineptitude in face of, the numerous patients suffering from functional diseases of the nervous system and hysteria who have fallen a prey to the charlatan and pseudo-scientist in such vast proportions; it will put an end to the posing of ecclesiastics as mental healers, of metaphysically absurd cults, which undermine the collective intelligence; and lastly, it will give confidence to medical men in their capacity to take their due part in the field of psychic enquiry avidly pursued by the laity of the twentieth century.